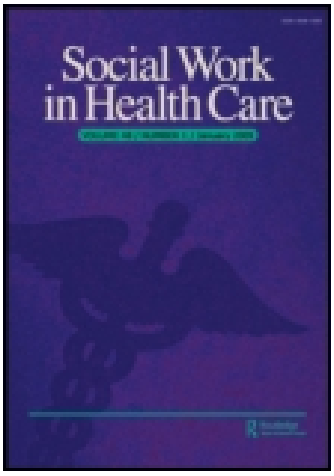

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Preface to Special Issue: Social Work With the Military: Current Practice Challenges and Approaches to Care

Joan Beder DSW [a]
[a] Wurzweiler School of Social Work , Yeshiva University , New York, New York, USA
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Preface to Special Issue: Social Work With the Military: Current Practice Challenges and Approaches to Care

JOAN BEDER, DSW
Wurzweiler School of Social Work, Yeshiva University, New York, New York, USA

We are a nation at war. Since the September 11, 2001 attacks on the World Trade Center and the Pentagon, the United States has been engaged in two wars on two different fronts. It was anticipated that both the efforts in Afghanistan (Operation Enduring Freedom [OEF]) and Iraq (Operation Iraqi Freedom [OIF]) would be brief but that has not been the case.

War creates loss, anguish and pain; war creates pride, camaraderie, and abiding friendship. War creates widows and widowers and situations for children and families that challenge their resilience. War creates heroes and heroines and, in the current conflicts, creates need for extensive and often long-term care for those who return and have been wounded either physically or psychologically, or both.

Major advances in protective armor and advances in military medicine have resulted in unprecedented numbers of American military service members surviving injuries sustained in direct combat in Iraq and Afghanistan. Unique to the history of war for Americans, 90% of military members wounded who participate in Iraq and Afghanistan will survive their injury. Many of the wounded military members are treated in the military arena and return to active duty within weeks of their injury. The majority of the wounded, however, will be returned to the United States, treated in Department of Defense (DoD) hospitals, and will segue their care to Veteran Administration hospitals (VAs) in their local community. Because of the unprecedented numbers of military members who survive their injury, their care has become extremely complex and protracted and has created a situation in which traditional systems of care have become overwhelmed by the sheer numbers of those returning from OEF/OIF. Psychologically there is much to be concerned about since ". . .for the first time in recorded warfare,

Address correspondence to Joan Beder, DSW, Wurzweiler School of Social Work, Yeshiva University, 2495 Amsterdam Ave., Belfer Hall, New York, NY, 10033. E-mail: jbeder@optonline.net

psychological morbidity is likely to far outstrip physical injury associated with combat" (Sammons & Batten, 2008, p. 921).

Social workers who are employed by the government and work in VA and DoD facilities carry significant caseloads and often cannot keep pace with the demand. Increasing numbers of veterans are also seeking care in the private sector, outside the formal military and veterans health system (Tanielian et al., 2008). As such, service members,[1] veterans and their families are utilizing civilian social workers for psychosocial and mental health service needs.

This Special Issue—the first of two—was initiated to help acquaint and educate the civilian social worker to the world of the service member/veteran. As civilian social workers we do not have the experience of those who work in the VA or DoD system, we need an orientation to care that is grounded in knowledge; knowledge that may be gained from the expertise of others. I have attempted to bring together a number of experienced clinicians and service providers to help educate our profession. Our veterans and returning service members have a multiplicity of concerns and needs related to their war experience; irrespective of our feeling about the wars, we must be able and willing to offer the best and most informed practice approaches. It is hoped that the articles in this and the subsequent issue will provide a context on the range of psychosocial issues that will enable social workers to provide effective care to those who face personal and family challenges as a result of their combat experience(s). All authors were asked to explain their area of expertise and to expand on what the civilian social worker needs to know to work effectively with that specific population.

The opening article in this issue is by Lynn Hall, EdD, who explains that in order to work effectively with service members and veterans, it is essential to understand the mindset and unique characteristics of those who volunteer and serve in the military.

Understanding this mindset, worldview, and perspective is a cornerstone to offering effective care. In addition, Hall maintains that those who serve have a language, adhere to a certain structure, and have a commitment to mission, honor, and sacrifice that is unique. Understanding these nuances is essential to understanding the experience of those for whom we offer care.

In the article by Victoria Bruner, LCSW, RN and Pamela Woll, MA, CADP, "The Battle Within: Understanding the Physiology of War-Zone Stress Exposure," the authors describes the necessary adaptations that those in the field of battle will make, highlighting the ways that the brain and body adapt to these high stress experiences. Implications for clinical services are examined and the authors offer an optimistic view of service–related recovery.

Alan Lincoln, PhD and Kathie Sweeten, PsyD describe the particular issues of children of deployed military personnel. Their work with children demonstrates that while many children will experience high levels

of resilience during the absence of their parent(s), many others struggle with the impact of the deployed parent and many will face varied struggles when the parent returns from service.

The particular issues faced by women in the military, especially those who have experienced sexual harassment and sexual assault, is the subject of the article by Margret Bell, PhD and Annemarie Reardon, PhD. The authors focus on the impact of sexual trauma on women and offer guidelines for social workers to assist those who will be working with survivors.

Post-traumatic stress disorder (PTSD) has been identified as one of the "signature wounds" (Tanielian et al., 2008) of the conflicts in Afghanistan/Iraq with approximately 15% of returning service members receiving the diagnosis. Jeffrey Yarvis, PhD, explores the etiology of PTSD, explains the symptoms and manifestations of the disorder, and offers treatment approaches for care management.

Chris Skidmore, PhD and Monica Roy, PhD offer a discussion of the multidimensional impact on mental and physical health of the service members who struggle with substance use/abuse. Their discussion is not confined only to those who return from service overseas or those who experience exposure to combat, but also looks at situations for those who are active duty as well. The etiology of substance abuse and treatment implications are explored.

In a subsequent issue, articles on the struggles of reintegration, family concerns, mental health issues, and bereavement will be explored. There is also a comprehensive article that informs social workers on the services offered by the VA and a discussion on issues related to working with those with traumatic brain injury.

As guest editor I feel privileged to have worked with the authors who have been supportive of the effort to contribute to the journal. Each author has given generously of their time and expertise to help further social work knowledge and skill for those who choose to work with soldiers and veterans.

NOTE

1. Service members—those who are deployed or are deployable and are considered "active duty." Veterans are those who have completed their service obligation either through time served or because they are unable to be involved in active duty due to injury or other circumstances.

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